

Docket No.: 049051-0222



*Pat fee sheet*

**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of	:	Customer Number: 31824
	:	
Ryan Mason, et al.	:	Confirmation Number: 4844
	:	
Serial No.: 10/787,226	:	Group Art Unit: 2142
	:	
Filed: February 27, 2004	:	Examiner: Not Yet Assigned
	:	
For: IMPROVED USER INTERFACE	:	
FOR REMOTE COMPUTING	:	
DEVICES	:	

Mail Stop Petitions  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**PETITION UNDER 35 C.F.R. § 1.53(e) TO ESTABLISH PRIOR  
RECEIPT OF AN ALLEGEDLY OMITTED ITEM**

Sir:

Applicants have received a Notice Of Omitted Item(s) In A Non-Provisional Application dated May 17, 2004, alleging that page 2 of the specification was omitted from the application. In accordance with MPEP § 503, attached are a date-stamped postcard receipt indicating prior receipt in the USPTO of the page at issue, as well as a duplicate copy of the omitted page. The postcard receipt serves as prima facie evidence of receipt in the USPTO of all the items listed thereon on the date stamped by the USPTO.

WHEREFORE, the Commissioner for Patents is respectfully requested to grant this Petition Under 35 C.F.R. § 1.53(e) To Establish Prior Receipt Of An Allegedly Omitted Item, accepting February 27, 2004 as the proper filing date.

06/01/2004 SDENBOB1 00000126 502203 10787226

01 FC:1460 130.00 DA

Adjustment date: 07/14/2004 AKELLEY

06/01/2004 SDENBOB1 00000126 502203 10787226

01 FC:1460 130.00 CR

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>7-12-04</u>		2 Serial/Patent # <u>10/787226</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
	Filing			\$						
	Amendment			\$						
	Extension of Time			\$						
	Notice of Appeal/Appeal			\$						
<input checked="" type="checkbox"/>	Petition		5/28/04	\$ 130						
	Issue			\$						
	Cert of Correction/Terminal Disc.			\$						
	Maintenance			\$						
	Assignment			\$						
	Other			\$						
			7 TOTAL AMOUNT OF REFUND							
			\$ 1300							
8 TO BE REFUNDED BY:										
10 REASON:		Treasury Check								
Overpayment		Credit Deposit A/C #:								
Duplicate Payment		9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td style="width: 20px;">50</td> <td style="width: 20px;">--</td> <td style="width: 20px;">2</td> <td style="width: 20px;">2</td> <td style="width: 20px;">6</td> <td style="width: 20px;">3</td> </tr> </table>			50	--	2	2	6	3
50	--	2	2	6	3					
<input checked="" type="checkbox"/>	No Fee Due (Explanation):									
PTD error										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Sperry D Brinkley</u>		TITLE: <u>Petition Exam</u>								
SIGNATURE: <u>[Signature]</u>		PHONE: <u>305-9282</u>								
OFFICE: <u>Peterson</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: <u>[Signature]</u>		DATE: <u>7-14-04</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**